

INTRODUCTION

The Global Tobacco Surveillance System

The GTSS Collaborative Group

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In December 1998, the World Health Organization's Tobacco Free Initiative (WHO TFI) and the US Centers for Disease Control and Prevention's Office on Smoking and Health (CDC OSH) convened a meeting to discuss the need for collecting data on tobacco use among adults and adolescents. In addition to WHO and CDC, at least one country representative from each of the six WHO Regions and other international agencies, such as UNICEF and the World Bank, attended the meeting. The groups reached consensus on several points.

First, consistent cross-country data did not exist regarding questionnaire content, sampling methodology, and data analysis. This was true for adults and adolescents. Many individual countries (especially developed countries) had good surveillance systems in place for adult data (see *Tobacco Control Country Profiles*, volumes I and II), some countries had systems in place for data on adolescents (for example, Australia, Canada, Thailand, and the United States), but only a very few cross-country systems were in place and most of these were in Western Europe (for example, Health Behaviour in School Aged Children [HBSC] and the European School Survey Project on Alcohol and Drugs [ESPAD]).

Second, cross-country data for adolescents was a top priority. WHO and CDC made the commitment to support the development of a Global Tobacco Surveillance System (GTSS) and launched the first component of the system, the Global Youth Tobacco Survey (GYTS).

Third, the GTSS surveys would include a "core" set of questions (with country-specific questions included where appropriate), identical sampling methodology, and consistent field procedures and data management.

The GYTS, a school-based survey of students aged 13–15, was initiated in 1999. By 2005, the GYTS had grown to include 140 countries across all six WHO Regions and more than 40 countries had conducted a second round of the GYTS. In 2000, WHO and CDC recognised the opportunity the GYTS offered to collect data from school personnel by introducing the Global School Personnel Survey (GSPS). The GSPS includes all school personnel in the schools selected to participate in the GYTS. By 2005, the GSPS had been completed in more than 50 countries.

In 2003, WHO, CDC, and the Canadian Public Health Association (CPHA) expanded the GTSS by initiating the Global Health Professionals Survey (GHPS). The GHPS is a survey of third-year students attending dental, medical, nursing, or pharmacy schools. The GHPS was successfully piloted in 10 countries in 2004 and will be expanded to more than 30 countries in 2006.

This special supplement to *Tobacco Control* includes a cross-country report from each of the three GTSS surveys—GYTS, GSPS, and GHPS. The GYTS article, "A cross-country comparison of exposure to secondhand smoke among youth", focuses on exposure to secondhand smoke among students from 132 countries (page ii4). This report shows that more than half of all students were exposed to smoke in public places, nearly half were exposed to smoke at home,

and nearly half reported that one or more parents smoke. The majority of students surveyed by the GYTS between 1999 and 2005 supported implementation of measures to reduce secondhand smoke exposure, including banning smoking in public areas.

The GSPS article, "The Global School Personnel Survey: a cross-country overview", the first cross-country report using these data, covers 33 countries (page ii20). Data collected between 2000 and 2005 indicated an alarming proportion of school personnel smoked cigarettes and used other forms of tobacco. More than half of school personnel in the majority of sites supported prohibiting tobacco use on school property. Some teachers reported having access to tobacco control educational materials, but the majority of teachers in most sites reported that they do not have adequate teaching materials to support tobacco reduction and prevention curricula. The majority in most sites said they believe school personnel should set an example for students by not using tobacco.

The GHPS article, "Tobacco use and cessation counselling: Global Health Professionals Survey Pilot Study, 10 countries, 2005," is a report from the 10 countries that conducted the pilot study in 2005 (page ii31).^{*} The current cigarette smoking rate among third-year health-profession students was above 20% in seven of the 10 countries surveyed. Although most third-year health-profession students in the countries surveyed did not receive formal training in smoking cessation counselling, more than 90% said that such training should be included in their formal curricula.

In less than a decade, the GTSS has evolved into a leading public health surveillance system providing data on a variety of indicators important for tobacco control. We hope this supplement is an important milestone between recognising the need for a global system to monitor tobacco use and the development, implementation, and evaluation of effective comprehensive tobacco control programmes.

The articles in this supplement are authored by the Global Tobacco Surveillance System Collaborative Group (see Appendix below for complete list of names).

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Members of the GTSS Collaborative Group are listed in Appendix

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Abbreviations: CDC, US Centers for Disease Control and Prevention; CPHA, Canadian Public Health Association; ESPAD, European School Survey Project on Alcohol and Drugs; GHPS, Global Health Professionals Survey; GSPS, Global School Personnel Survey; GTSS, Global Tobacco Surveillance System; GYTS, Global Youth Tobacco Survey; HBSC, Health Behaviour in School Aged Children; OSH, Office on Smoking and Health; TFI, Tobacco Free Initiative; WHO, World Health Organization

^{*}This paper was previously published in *Morbidity and Mortality Weekly Reports* (MMWR 2005;54:505–9).

APPENDIX

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